

# Training Module

# Crisis Intervention & De-escalation

*Presented by*

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## Objectives

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### Participants will be able to:

- Explain the importance of assessing and planning for potential crisis.
  - Recognizing crisis situations
- Describe the various safety issues and strategies for working in your environment.
  - Precautions to take
- Learning and Implementing De-Escalation Techniques.

## The Importance of Assessing and Planning for Crisis Situations

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### Why is it important?

#### **APA Statement on Prediction of Dangerousness (March, 1983)**

- Psychiatrists have no special knowledge or ability with which to predict dangerous behavior.
- Even in patients with a history of violence, future violent predictions will be wrong two out of three times.

#### **For Care Managers and our Clients**

- Safety

## How to Assess for Crisis?

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Learn to avoid, recognize and diffuse potential crisis situations.

### **Avoid: What is in our Control?**

What precautions are you going to take as a worker in these environments?

- Two staff going on home visits
- Cell phone is charged, extra battery
- Enough gas in your car
- Good directions
- Other staff aware of your schedule - where you are
- Call prior to the visit - pay attention to the background
- What do you know about your client
- What do you know about the level of violence in their past
- Travel during daylight
- Know the environment you are driving through

## Assessing Crisis

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### *Physiological Factors*

#### **FID (Frequency, Intensity and Duration)**

- Drugs
- Alcohol
- Medications
- Fatigue
- Illness
- Fear
- Guilt
- Loss of Control
- Social Situation
  - Arising from the individual's cultural environment, how they were raised, community norms, daily stressors

## **Crisis & Mental Illness**

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**The majority of crisis are not the direct result of mental illness. Most crisis are a result of:**

### **Combinations of Factors**

- Opportunity
- Expectation of Reward
- Expectation of Impunity

### *Study*

- Psychiatric Patients are no more likely to be violent than community norms
- Psychiatric Patients have similar types of aggressive acts, but these acts are more likely to be directed toward family
- Substance Abuse increases the likelihood of violence more in psychiatric patients than in community controls

### *Assessing Crisis*

**Learn to avoid, recognize and diffuse potential crisis situations.**

#### **Diffuse the situation.**

- You are never a passive observer to your safety
- Limit opportunities or the appearance of opportunities to create crisis
- Look at situations for any vulnerability
- Strength in numbers
- Use all your senses to prevent being a victim of a crisis

## *Crisis Cycle*

### Three Main Characteristics

- They are temporary
- There is usually aggressive behavior
- There is a pattern

### Stimulation

- What are the triggers?
- How should you respond?

### Escalation

- What are the behaviors?
- What are your options?

### Crisis - Out of Control

- What are the behaviors?
- Use the least restrictive means to manage the situation.

### De-escalation

### Stabilization

### Baseline Behavior or Post-Crisis Drain

### Back to Crisis - Out of Control

## *Assessing Crisis*

- Work within your skill set
- Think about what you are wearing
- ID tags - Cut the nylon strap - use Velcro
- Don't carry all your IDs
- Think about what can go wrong
- Be Ready for Work

## Planning for Crisis

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- Bad things happen to good people
- Have a flight plan
- Working in our field - you must be vigilant
- Have a work and home contact
- Communicate your safety
- Spare glasses, spare keys
- Have flashlights, maps, first aid kits

## Safety First

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- In many circumstances 2 people reduces victimization by 70%
- 3 people by 90%
- Cell phones
  - What are the limitations
  - Pre-programmed numbers
  - Police, Emergency agencies
  - ICE
    - In case of Emergency
- You should know more than one way in and out of every neighborhood, building and room.
- Consider your prior experience in similar situations.
- Anticipating the unexpected may help you prepare for what may actually happen.
- Form a tentative plan between you and your co-worker.
- Be aware of potential dangers.
- Complacency can be fatal.
- Pay attention to other people.
- Know your surroundings.
- Everyday items can be used as weapons.
- Always have an escape plan.
- Visually frisk everyone.

## **Safety Issues and Strategies**

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- Be aware of your own body language
- Pay attention to non-verbal communications
  - 85-90% of a message is perceived through non-verbal communication
  - 10-15% of our message is perceived through verbal communication
- Eye movements
- Head movements
- Facial expressions
- Breathing
- Body movement
- Difference between verbal and non-verbal cues
  - Pay attention to non-verbal
- Control your Emotions!
- STOP
  - Stop - slow down the action and avoid panic driven decisions
  - Think - think logically based on situations and your abilities
  - Observe - observe alternate solutions
  - Plan - plan your survival
- Be prepared for confrontation
- Keep hands open and up
- Have a plan
- Take a 45 degree stance
- Lower your voice
- Be aware of other people in the environment
  - is anyone on a different floor
  - is anyone sleeping
- Pay attention to:
  - Alcohol or drug use by clients or other family members
  - Domestic Violence
  - Presence of weapons
  - What your body is telling you

# De-escalation Strategies

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## If it feels wrong, it probably is wrong!

- BLINK - Malcolm Gladwell
- It is dangerous to place rapport over safety
- Slow down and give yourself time to think
- Understand your role and your co-workers role when you go into a situation - crisis or not
- Work as a team
- Communicate and collaborate with each other prior to the situation happening

## *Verbal De-escalation*

- Do not take things personally
- Listen and Hear
- Remain calm, avoid over-reaction
- Pay attention to your tone of voice
- Be aware of words you use
- Don't be afraid to use silence

## What to say

- I want to be sure I heard you correctly when you said:
- Reframe what they are telling you without using jargon
- Try to clarify- ask questions
- You must set limits
  - I am not going to let you hurt someone else, so let's figure out what we can do about ...
- Examples: Handouts

## Do not get into power struggles!



### **What not to say**

- Don't talk to me that way...
- Stop being disrespectful...
- I am not going to talk to you, if you keep cursing....
- I am not going to listen to you if....
- No wonder nobody wants you...
- Nobody loves you, I am all you have, so you better...

### **What not to do:**

- Approaching an aggressive youth
- Invasion of Personal Space
  - Arm and half

### **Control the situation, not the client**

- Emphasizing the connection with the client as a means of resolution
- Aligning yourself with the client
  - How do you align with the client?
  - What can you say?
  - De-escalation Strategies
- If the Client is Anxious - Staff can be Supportive
- If the Client is Angry - Staff can be kind and be able to Listen
- If the Client is Defensive - Staff can be Directive
- If the Client is Depressed - Staff can be Reflective and Empathetic
- If the Client is Acting Out Physically - Staff may have to act with a Physical Response
- If a Client is Non-compliant - Staff can Re-enforce expectations

## **Additional Tools**

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- Safety Contract
- Life Space Interview - 5 Step Model
  - Used after the crisis
  - Handout
- Process the Event
  - What was the worst part?
  - Talk about it with your co-workers
- Critique the Event
  - What went well?
  - What could have been done differently?
  - What is the follow-up? ( follow company policy)